

Testimony of the Maine Academy of Family Physicians on LD2189, **An Act to Require Prior Notification of Closures of Labor and Delivery Units and Changes in Maternity or Newborn Care Services by Hospitals as Recommended by the Commission to Evaluate the Scope of Regulatory Review and Oversight over Health Care Transactions That Impact the Delivery of Health Care Services in the State.**

Public Hearing in the Joint Standing Committee for Health Coverage, Insurance, and Financial Services. 18 February 2026.

Senator Bailey, Representative Mathieson, and distinguished members of the Committee:

My name is Dr. Stephanie McCullough, and I am a Family Physician representing the Maine Academy of Family Physicians (MAFP). Our members care for families in all stages of life throughout the state of Maine, and many of us, including myself, provide prenatal and obstetric care. This is especially true in rural areas of the state, which are increasingly losing access to maternity care as our hospitals choose to close their labor and delivery units.

Our position on this bill is mixed, and our support can only come with qualifications; thus, we have chosen to testify neither for nor against. Make no mistake, we care about this problem immensely. Over the past year the MAFP has created a task force of members dedicated to addressing this issue. We have seen our patients suffer and struggle to access care, and our members have stopped practicing in communities to whom they have dedicated their lives and careers - all because their hospitals have chosen to end maternity services. Think about that - a community loses not only their labor and delivery unit but also loses a family doctor in the fallout from these decisions. The ripple effects are immense. The recent article from the Maine Monitor (<https://themainemonitor.org/her-labor-turned-dangerous/>) highlighting our member, Dr. Rose Fuchs, and her patient's dangerous birth experience shortly after Houlton Regional Hospital stopped offering birthing services, is not the first high risk birth after a closure — and it will certainly not be the last.

The reason for our lukewarm support of this specific bill is that it does not address underlying causes of the problem or prevent it from happening, rather it acknowledges the problem of unit closures but says it can just happen more slowly. Our position is that we want the State to do meaningful work to prevent any further closures from happening. The question should not be WHETHER to continue to keep a unit open, but HOW to do so.

LD2189 is only a start to address the immediate fallout from a closure. We agree that it is important to ensure communication with patients, the public, and outlying hospitals if a

unit is planning to close. We also agree it is dangerous to simply stop providing obstetrical services with only 30 days' notice, as has happened recently. You may hear other perspectives stating it is unsafe to require hospitals to stay open for a 120-day notice period. 120 days is less than half of a full-term pregnancy - is it fair to expectant patients to transfer their maternity care halfway through their pregnancy? What about the safety concerns of a patient who now must travel many miles to deliver their baby?

Although this bill is a small step in the right direction, we feel it does not go far enough. It seems to be accepting a perceived inevitability that we disagree with. We have and will continue to advocate for ways to keep maternity care in rural communities. Any other option would be devastating to rural Maine.